

CHAP NEWSLETTER

FALL 2025 EDITION

NEW!

Get your Executive Member
starter pack inside!

TEST

**Do you have a dual
or a triple therapy
personality?**

FEATURED IN THIS EDITION

The INs and the OUTs of Viral Load Monitoring
Top 5 Memorable Conference Moments (FOMO alert)
"Dear Protease Auntie" section is returning!

2025



N°01

CHAP OBSERVERSHIP REPORTS

PAMELA IP, CASEY HOUSE (TORONTO)

OBSERVERSHIP WITH SHANNA CHAN, MANITOBA HIV

PROGRAM/NINE CIRCLES COMMUNITY CLINIC (WINNIPEG), 2025

This June, I had the wonderful opportunity to participate in the CHAP Observership Program with Shanna Chan in Winnipeg. Shanna was a fantastic preceptor, who went above and beyond to arrange the opportune activities for my learning! While in Winnipeg, I was able to visit both the HIV clinic at the Winnipeg Health Sciences Center and the pharmacist office at Nine Circles CHC.

Although I am not a new HIV clinician, this observership was very helpful in bridging the gap I have in the field. Particularly, as a new clinician in general (2020 grad represent!), many things I've learned about HIV resistance, side effects, etc. were from textbooks and guidelines. Having someone walk me through their personal experience treating HIV through the epidemic in Canada (and the chaos that is happening right now), and answering questions one-on-one, with real cases and examples, was an unforgettable experience and truly solidified my knowledge (i.e. TAMS pathway and other emergent resistance patterns from drug exposures).

I am grateful for the opportunity to participate in such a rewarding program!

CHASE FISHER, HOPE TO HEALTH CLINIC, VANCOUVER

OBSERVERSHIP WITH CARLEY POZNIAK, ROYAL UNIVERSITY HEALTH HOSPITAL (SASKATOON), 2025

I'm grateful to the CHAP Observership Working Group for the opportunity to participate in a two-day clinical observership in Saskatoon with Carley Pozniak. As a pharmacist serving people living with HIV in British Columbia's Downtown Eastside, this experience broadened my understanding of integrated HIV care, particularly through exposure to the Sanctum programs, including Sanctum 1.5 which supports new mothers living with HIV.

This observership was a rare and valuable opportunity to discuss how social complexity and clinical care intersect. I learned how Carley's team implements long-acting injectable antiretrovirals (LAI-ART) in a real-world setting—addressing barriers such as access, client readiness, and coordination of care. With limited use of LAI-ART in my region, these insights were directly applicable to upcoming quality improvement initiatives at my site.

Another highlight was our discussions around her team's use of data to drive care decisions, track outcomes, and advocate for resources—a key focus I'll continue carry forward as part of our local HIV QI team.

Thank you again to Carley and her team for their openness and to CHAP for fostering such rich cross-provincial learning. I look forward to staying engaged with the network and supporting future observerships.

CAITLIN CHEW, OAK TREE CLINIC (VANCOUVER)

OBSERVERSHIP WITH CARLEY POZNIAK, ROYAL UNIVERSITY HEALTH HOSPITAL (SASKATOON), 2025

I had the opportunity to spend two days with Carley at the Positive Living Program, Royal University Hospital in Saskatoon.

Similarly to my practice at Oak Tree, Carley also sees a wide range of patients, including pediatric, obstetric and adults living with HIV. We spent two days having enriching discussions about the practice similarities and differences between provinces. I had the opportunity to discuss challenging clinical cases with her. In particular, I had an interest in learning more about drug-resistant HIV and learning more about her clinical thought process when it comes to designing a regimen for these complex cases. Additionally, we discussed the prevention and treatment of various opportunistic infections that she encounters at her clinic, something I don't see often at Oak Tree and was hoping to learn more about.

Carley has a wide breadth of knowledge, and it is clear that she cares deeply about the patient population that she serves. It was such a pleasure to spend this time with her.

Thank you CHAP for this incredible opportunity to connect with another likeminded pharmacist.

For 2025, the Observership subgroup received a banner number of applications!



**ALICE XIAO, CHILDREN'S HOSPITAL OF EASTERN ONTARIO,
OTTAWA
OBSERVERSHIP WITH CARLEY POZNIAK, ROYAL UNIVERSITY
HEALTH HOSPITAL, SASKATOON, 2024**

I had the pleasure of completing a four-day observership with Carley Pozniak at Royal University Hospital in Saskatoon.

I am a new HIV practitioner supporting a paediatric clinic, so we focused on pharmacotherapy for this patient population. We reviewed multiple patient cases, discussing genotyping and how to utilise resistance database and analyse results to develop ARV regimens.

I gained valuable insights and inspiration by observing Carley conduct thorough patient chart workups and participating in an interdisciplinary paediatric clinic day alongside a paediatric ID physician, Dr Purewal. This experience reinforced my knowledge of the various processes and stakeholders involved in accessing certain paediatric ARVs (such as SAP, patient support programs), monitoring parameters for different ARV and classes, can/cannot crush, split etc. pills, and rationale to select one ARV over another based on safety profile and data (e.g., TDF versus TAF in growing children). Additionally, I appreciated the opportunity to review a case involving a positive baby and their ART course because I have not encountered this scenario (yet) since joining my team.

I had a wonderful time learning from everyone on the Positive Living team and would like to thank CHAP for allowing me to build my knowledge and confidence through this observership program.

**MIKAELA KLIE, PRIME CARE PHARMACY, GUELPH
OBSERVERSHIP WITH DEBORAH YOONG, ST. MICHAEL'S
HOSPITAL, AND HARVINDER DHUNNA, TORONTO, 2024**

I am thrilled to share my observership experience, where I had the opportunity to spend a day at St. Michael's Hospital with Deborah Yoong and a day at CW Health Pharmacy with Harvinder Dhunna. This experience provided a unique blend of clinical and community pharmacy insights.

During my day at CW Health Pharmacy, I engaged in insightful discussions with Harv about best practices, documentation, and workflow optimization within a community pharmacy setting. This experience was particularly valuable as it allowed me to compare my pharmacy's practices and identify specific areas for improvement, such as streamlining inventory management, enhancing collaboration with patient support programs, utilizing systems to address patients by their preferred names, and fostering consistency in care delivery across a large team. His practical insights were both inspiring and actionable, giving me new ideas to implement at my own pharmacy.

At St. Michael's Hospital, I had the privilege of observing Deborah's interactions with prescribers, allied health care professionals, and patients during a clinic day. We were able to discuss cases from the day as well as previous cases that were very practical, engaging, and educational. I left with a deeper understanding of frameworks for working up patients, monitoring, rationales for simplifying or switching regimens, and managing resistance. This knowledge will help me when I provide pharmacy consultations for prescribers at our local HIV clinics.

Both sites were incredibly welcoming and cultivated an environment of learning, questions, and collaboration. Deborah and Harv both encouraged open dialogue and shared resources to assist me in my practice. It is rare for community pharmacists to step away from their day-to-day responsibilities and dedicate uninterrupted time to learning directly from peers at their practice sites and I am very grateful for the opportunity.

These experiences inspired me and reinforced the vital role of HIV pharmacists in delivering comprehensive care. Thank you to the CHAP working group and everyone who made this observership possible!



LUCAS THORNE-HUMPHREY, QEII HEALTH SCIENCES CENTRE, HALIFAX.

OBSERVERSHIP WITH DEB YOONG, ST. MICHAEL'S HOSPITAL, TORONTO, 2025

My CHAP observership at Saint Michaels with Dr. Deborah Yoong was a fantastic experience. I felt quite lucky to have some protected quality time to learn at the Positive Care Clinic as well as Casey House.

Given that I have been in practice for a few years now myself I also benefitted from being able to bounce all those annoying questions I have been accumulating in my head off of an expert with decades of hard earned experience. Given my relative isolation on the east coast the experience was at times validating and illuminating. As a learning outcome from this visit I will specifically attempt to implement standard osteoporosis screening and subsequent medication management protocols in my practice as well as a CAB/RIL tracking system to manage our growing list of complex patients with the tools Dr Yoong graciously provided me. Additionally I was inspired to investigate pairing of medication administration with food, blood collection, community resources and, other possible incentives to care for marginalized patients with HIV in Nova Scotia.

Thank you CHAP and thank you again Dr. Yoong!

BRENT VANIN, POSITIVE LIVING PROGRAM, SASKATOON. OBSERVERSHIP WITH JENN HAWKES, PRINCE GEORGE, 2025

This November, I participated in a two-day CHAP observership provided by Jennifer Hawkes in Prince George, British Columbia. The experience highlighted remarkable collaboration among healthcare teams and community service providers, offering an exceptional learning opportunity that extended well beyond the clinical setting.

Over the course of the observership, we visited an incarcerated client at the Correction Centre to ensure continuity of care, shared an educational lunchtime conversation with peers and Elders at Positive Living North, provided opioid agonist therapy at the Nechako Centre, supported harm reduction and safe consumption strategies through the Needle Exchange and POUNDS project, and delivered outreach services at Soonats'eneh.

I appreciate learning from Jenn's expertise in supporting those impacted by substance use, and the dedication she and her colleagues display providing culturally safe and inclusive care.

Thank you to Jenn and her team in Northern Health, and the CHAP observership committee for this opportunity.

THE INS AND OUTS OF VIRAL LOAD MONITORING

Let's be honest: viral load monitoring is the closest thing we have to reality TV in HIV care. Will our patient deliver a stunning "Target Not Detected"? Or will there be a shocking plot twist in the form of a sneaky 78-copy cameo? Grab your lab requisitions, things are about to get suspenseful.

THE "INS"

Undetectable results

Nothing boosts a clinician's serotonin quite like seeing "<20 copies/mL". It's the equivalent of getting a gold star sticker on your adult homework. Celebrate it.

Low-level blips

Think of them as guest stars: they pop in, create intrigue, and then disappear before the next episode. No need to launch a spin-off series.

Timely monitoring

Like booking a regular haircut. You may not always be excited about it, but skip too many and you start losing track of what's going on up there.

THE "OUTS"

Panicking at 42 copies/mL

We've all been there : your heart skips a beat. But guess what? The virus is probably just stretching its legs. Take a breath. Sip your coffee. Carry on.

Reading too much into one result

Viral loads are like horoscopes: you can read into them... but should you?

Printing every result

Save a tree. Or at least save space on your desk for your tenth coffee mug.

Hot Tips From People Who Definitely Know What They're Doing

- *If the VL is undetectable:* Nod wisely, whisper "excellent," pretend you expected it all along.
- *If it's slightly detectable:* Use reassuring phrases like "nothing to see here" or "micro-drama."
- *If it's rising:* Channel your inner detective. Ask good questions. Put on imaginary sunglasses. Cue theme music.

**LACEY DEVREESE, OTTAWA HOSPITAL
OBSERVERSHIP WITH NANCY SHEEHAN, MUHC (MONTREAL), 2025**

Over the summer, I had the pleasure of spending a 2-day observership with Nancy Sheehan at McGill University Health Centre. In just these few short days, I gained an appreciation of Nancy and her team's impressive contributions to their HIV clinic.

From a workflow standpoint, the HIV Pharmacist's position is a shared role at McGill and I was especially interested to learn about the dynamics of shared communication, handover and efforts to provide seamless care among the pharmacy team. The pharmacists at McGill do such a great job of this. The pharmacy team has standardized HIV Pharmacy documentation and have developed a really nice consult template to facilitate their workflow. The group has established obvious respect and rapport with the physician group and the trust and confidence in the pharmacy team is evident—after only hours in the clinic! It was also interesting to observe Nancy's workflow as the pharmacy team operates mainly on a consult-based approach, which has been thoughtfully developed.

As a large academic teaching hospital, Nancy and her team follow a large number of patients, many of whom are complex and benefit greatly from pharmacist expertise. I was especially grateful to have the opportunity to work through a couple of particularly challenging cases and gain an appreciation of Nancy's approach to assessing complex resistance patterns and making decisions about best treatment options.

An especially unique highlight of my time at McGill was sitting down with Nancy to gain an understanding of the one of a kind TDM program. I feel really fortunate to have had this dedicated time with Nancy to learn about her expertise in this domain and its application to clinical practice.

A huge thank-you is extended to CHAP for providing this wonderful learning experience.

**REBECCA BLIMKE, BYWARD FAMILY HEALTH
TEAM, OTTAWA**

**OBSERVERSHIP WITH ALICE TSENG,
TORONTO GENERAL HOSPITAL, 2025**

This November 2025, I had the amazing opportunity to participate in the CHAP Observership Program with Alice Tseng at Toronto General Hospital's Immuno-deficiency Clinic.

This 1 day learning experience was exceptional, as Alice took me through several unique patient cases to help solidify my understanding of how to work up an ARV modification request. As my main goal was to better understand ARV simplification in the face of past resistance, Alice took the time to explain the current evidence and help me understand how to best weigh the risks and benefits of ARV modification.

We also reviewed several different HIV specific resources that will greatly increase my competency and efficiency when working up an HIV case. I commend Alice for her flexibility, as she expertly navigated and answered each and every question that I had. And I had a lot!

I left this experience more confident in my abilities as an HIV pharmacist and I highly recommend this experience to others who wish to enhance their HIV practice and connect with some of the best HIV pharmacists out there! Thank you to CHAP for such an amazing program!

UPCOMING OBSERVERSHIP:

- **Mark Shinouda**, Prime Care Pharmacy, Gueph. Observership with **Janhavi Bhalla**, LHSC, London, ON and **Harv Dhunna**, CW Pharmacy, Toronto



JAK NOVOVIC, SAC, CALGARY

OBSERVERSHIP WITH ERIN READY, JUNINE TOY, LINDA AKAGI & OSRIC SIN, ST. PAUL'S HOSPITAL 2025

I joined the HIV pharmacy world in February 2025 and currently serve as the pharmacy lead at the Southern Alberta Clinic. My role is a unique blend of clinical responsibilities—providing direct patient care—and non-clinical duties, including acting as the licensee of our dispensary and overseeing the day-to-day operations of the pharmacy.


Although I bring many years of clinical experience from the inpatient setting, ambulatory care is still relatively new to me. Recently, I had the opportunity to meet and shadow colleagues from another site who hold both clinical and leadership roles. This experience was not only a valuable networking opportunity but also an eye-opening chance to observe the similarities in our approaches to patient care across provinces. It also underscored how pharmacist scope of practice can shape pharmacy operations. I came away with a deeper appreciation for Alberta's broad scope of pharmacy prescribing and the advantages of an integrated electronic health system.

Linda—whom I would describe as the gatekeeper of BC's HIV treatment program—demonstrated how her thorough patient assessments support independent pharmacist verification of HIV prescribing within the BC context. Erin, a clinical pharmacist actively engaged in research and education, exemplifies the vital role of knowledge translation in such a specialized field. It was inspiring to see how pharmacists can extend their impact beyond direct patient care through teaching, mentorship, and scholarly work.

I also had insightful conversations with Osric Sin, who oversees the ambulatory pharmacy at St. Paul's Hospital in Vancouver. We discussed strategies for balancing the reduction of patient barriers with compliance to local regulatory requirements, as well as shared challenges in drug distribution logistics. Additionally, Junine Toy and her interdisciplinary team at the BC Centre for Excellence in HIV/AIDS (BCCfE) introduced me to a range of initiatives, including research, HIV PrEP, doxyPEP, and their broader HIV program. The seamless integration of clinical and research efforts at BCCfE is a testament to their commitment to comprehensive HIV care.

This observership was a unique and enriching experience that allowed me to connect with seasoned professionals in the field and put faces to names. I highly recommend this opportunity to any pharmacist new to HIV care, regardless of prior clinical background. I look forward to continuing conversations with my BC colleagues and the broader CHAP community. In the future, I hope to explore opportunities for interprovincial collaboration in research, particularly in areas focused on pharmacotherapy and pharmacy-led interventions in HIV care.

This experience truly reflects CHAP's mission to promote our profession by fostering community and encouraging pharmacy involvement across all aspects of HIV care.

A photograph showing a person's hands holding a tablet. The tablet screen displays text about the Observership program. The background is slightly blurred, showing books and a desk.

Observership applications for next year will be open in early 2026. The program is open to new practitioners as well as experienced pharmacists looking to gain exposure to new areas of practice. In person, virtual, or hybrid Observerships are available. More information on the Observership program and the application process are available at:

hivclinic.ca/chap/activities.php

We thank Gilead Sciences Canada for the support of logistical costs of the program.

